



Dwarf Athletic Association of Canada VOLUNTEER Application

Please consider this my formal application to volunteer with the Dwarf Athletic Association of Canada (DAAC).

I wish to join Volunteer with DAAC as:

- | | |
|--|--|
| <input type="checkbox"/> Board Member/Director | <input type="checkbox"/> Sports Director |
| <input type="checkbox"/> Sports Coach | <input type="checkbox"/> General Volunteer |
| <input type="checkbox"/> Events Manager | |

Personal Information:

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

If Under 18, Name of Parents/Guardians: _____

Mailing Address: _____

Postal Code: _____ City: _____ Province: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

by submitting your email, all up-to-date DAAC news will be sent to you.

How do you prefer to be contacted? _____

How long have you lived at this address? _____

How long have you lived in the area? _____

If you have been living at the current address less than one year, please provide the address where you lived previously:

Mailing Address: _____

Postal Code: _____ City: _____ Province: _____



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Education & Employment:

Education

- | | |
|--|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Graduate School | <input type="checkbox"/> Other: |

Employment:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |

If you are a student: Where, and what course of study? _____

If you are employed, what is your occupation? _____

How did you hear about DAAC?

- | | |
|---|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Current Athletes | <input type="checkbox"/> Website |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> LP Organization |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Always known |
| <input type="checkbox"/> Other: _____ | |

Have you ever participated in an organized sporting event in the past? If yes, where and when?

Have you ever been, or applied to be, a volunteer with a LP Association in the past? If yes, please explain further:



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Are you interested in participating in the World Dwarf Games?

Yes

No

Maybe

Have you ever been, or applied, arrested, charged, or convicted with or pardoned for a crime?

Yes

No

If yes, please explain:

Have you had a criminal record check completed in the past six months?:

Yes

No

We will need a copy of the completed criminal record check.

If you do not have a recent CPC are you willing to have one completed?

Yes

No

Employment/Volunteer Reference:

Name of Reference: _____

Mailing Address: _____

Postal Code: _____ City: _____ Province: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

How long have you known this person?: _____

In what capacity have you known this person?: _____



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Character Reference (must have known the applicant for at least 2 years):

Name of Reference: _____

Mailing Address: _____

Postal Code: _____ City: _____ Province: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

How long have you known this person?: _____

In what capacity have you known this person?: _____

Applicant Signature

Date

Parent/Guardian Signature
(if athlete is under 18 years of age)

Date

Please note: There are no membership fees to be part of DAAC.

If you would like to donate to help Dwarf Athletes participate, please contact us for more information at Contact@DwarfAthletics.ca

Please forward completed form by any of the methods below:

Email: Contact@DwarfAthletics.ca

Mail: Dwarf Athletic Association of Canada
c/o Riley Windeler
Box 376, Horsefly, BC V0L 1L0

Fax: 1 (855) 332 - 7785